



PATENT

Dep't Ref

2006 JAN -5 PM 3:47

Docket No.: 3273-0203PUS1  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Hiroshi KOYAMA et al.

Application No.: 10/537,120

Confirmation No.: 1266

Filed: June 3, 2005

Art Unit: N/A

For: UNSATURATED CARBOXYLIC ACID  
HEMICACETAL ESTER, POLYMERIC  
COMPOUND AND PHOTORESIST RESIN  
COMPOSITION

Examiner: Not Yet Assigned

**REQUEST FOR REFUND**  
**(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

MS 16  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of September 2005 for the above-identified

☒ application

☐ patent

☐ A copy of the monthly statement in which the error referred to occurs accompanies this request.

Adjustment date: 01/24/2006 PR00KER  
09/15/2005 PR00KER 00000000 022448 10537120  
01 FC:1614 200.00 CR

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II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>\$200</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____

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- ☐ patent maintenance fee \_\_\_\_\_
- ☐ first maintenance fee \_\_\_\_\_
- ☐ second maintenance fee \_\_\_\_\_
- ☐ third maintenance fee \_\_\_\_\_
- ☐ patent maintenance fee surcharge \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

TOTAL REFUND REQUESTED

\$200.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

We received a notice that \$200.00 was charged to our deposit account on September 16, 2005 for fee code 1614 – Claims – extra independent (over three). Upon further review, we found that there were only three Independent claims. Therefore, we are requesting that the \$200.00 be credited back to the deposit account.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

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Dated: December 28, 2005

Respectfully submitted,

By 

Marc S. Weiner

Registration No.: 32,181

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Falls Church, Virginia 22040-0747

(703) 205-8000

Attorney for Applicant

Attachment(s)

*Corrected*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/537120*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		6	←		←
TOTAL CLAIMS		9				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						